

City of Salisbury, NC Training Room Registration Application

A completed registration application form is required from each student. Incomplete registration forms may delay your class reservations. Please complete and mail or fax this form to the center at least one week prior to the date your class begins. Before doing so, contact the GIS Coordinator (704-638-5246 or katclif@salisburync.gov) for course availability. Registrations are processed on a first-come, first-served basis. Please read and sign below.

STUDENT NAME AND ORGANIZATION INFORMATION (Please print your name as you wish it to appear on your class certificate.)

Student Name		Organization and Depa	Organization and Department		
Organization Street Add	Iress (No PO Boxes)	City	State	Zip Code	
Telephone Number		Fax Number	E-mail		
Would you like to receiv	e our GIS Division Newslet	ter, GIS In the News?	☐ Yes	☐ No	
How did you learn about this class?		City Web site	Other:		
BILLING INFORMATIO	N (Who is paying for this o	class? Required if different	than student information above	2.)	
Organization		Telephone Number	Fax Number		
Department		Contact Person			
Address					
City	State	Zip Code			
COURSE INFORMATIO	ON				
1.				\$	
Class 2.			Dates	\$	
Class			Dates Total Tuition	\$	
the City of Salisbury) or	uired in order to complete y credit card. If paying by che payment and registration for	neck, an official check reque	ent is required and may be ma est form should be submitted wi e tuition amount includes a \$10	ade by check (payable to ith your registration form.	
Check #	Check Request #	PO #			
Credit Card Number	Name on Card	Expiration Date	Phone Number	Visa MasterCard Type of Card (circle one)	
	I understand and agree to the terms and conditions of this application.),	
	Signature (required)			-	

REGISTRATION PROCEDURE

- 1. Fax this form to 704-638-8522.
- 2. Mail this form and your payment (or bring it with you to class) to:

City of Salisbury GIS Division PO Box 479 Salisbury, NC 28145-0479